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 INDICATION FORM**

Application Number	10/827,116
Filing Date	04/19/2014
First Named Inventor	Kurt Francis
Title	Hemaphysalitid U-guide Alignment...
Art Unit	2883
Examiner Name	Wang, Eric K
Attorney Docket Number	LO-0042 Infinera P126)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

30471

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

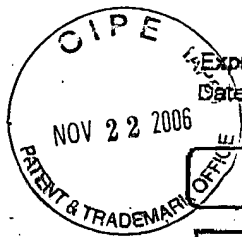
Signature	<i>K. Singh</i>	Date	22 November 2008
Name	Jagdeep Singh	Telephone	408-572-5423
Title and Company	Chief Executive Officer		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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11/21/2006

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Kurt Francis

Application No. 10/827,136

Filed: 04/19/2004

Title: HERMAPHRODITIC U-GUIDE ALIGNMENT STRUCTURES AND METHOD THEREOF

Attorney Docket No. 3568.009

Art Unit: 2883

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Christopher R. Novak	42,041

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	Marc A. Brockhaus		
Signature	<i>Marc Brockhaus</i>	Date	11/21/2006
Registration Number	40,923	Telephone	(405) 607-8600